

County: Sauk  
EDWARD SNYDER MEMORIAL NURSING HOME  
1104 21ST STREET  
REEDSBURG

Facility ID: 3080

Page 1

53959 Phone: (608) 524-6487  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? Yes  
Number of Beds Set Up and Staffed (12/31/01): 50  
Total Licensed Bed Capacity (12/31/01): 50  
Number of Residents on 12/31/01: 49

Ownership:  
Highest Level License: Non-Profit Corporation  
Operate in Conjunction with CBRF? Skilled  
Title 18 (Medicare) Certified? No  
Title 19 (Medicaid) Certified? No  
Average Daily Census: Yes  
50

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		32.7
Supp. Home Care-Personal Care	No					1 - 4 Years		42.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		24.5
Day Services	No	Mental Illness (Org./Psy)	30.6	65 - 74	4.1			-----
Respite Care	No	Mental Illness (Other)	6.1	75 - 84	24.5			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	53.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	18.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	2.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	26.5	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	12.2		-----	RNs		18.0
Referral Service	No	Diabetes	12.2	Sex	%	LPNs		6.1
Other Services	No	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	10.2	Male	16.3	Aides, & Orderlies		
Mentally Ill	No		-----	Female	83.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	32	80.0	119	0	0.0	0	6	66.7	144	0	0.0	0	0	0.0	0	38	77.6
Intermediate	---	---	---	8	20.0	96	0	0.0	0	3	33.3	136	0	0.0	0	0	0.0	0	11	22.4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		40	100.0		0	0.0		9	100.0		0	0.0		0	0.0		49	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	23.8	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	2.0	57.1	40.8	49
Other Nursing Homes	19.0	Dressing	12.2	59.2	28.6	49
Acute Care Hospitals	52.4	Transferring	12.2	65.3	22.4	49
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	10.2	65.3	24.5	49
Rehabilitation Hospitals	0.0	Eating	55.1	34.7	10.2	49
Other Locations	4.8	*****				
Total Number of Admissions	21	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	2.0	Receiving Respiratory Care		2.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	69.4	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	38.8	Receiving Suctioning		0.0
Other Nursing Homes	0.0			Receiving Ostomy Care		2.0
Acute Care Hospitals	0.0	Mobility		Receiving Tube Feeding		2.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		32.7
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	100	With Pressure Sores	2.0	Have Advance Directives		87.8
Total Number of Discharges		With Rashes	2.0	Medications		
(Including Deaths)	21			Receiving Psychoactive Drugs		57.1

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Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

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	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	88.1	1.14	84.6	1.18
Current Residents from In-County	85.7	83.9	1.02	77.0	1.11
Admissions from In-County, Still Residing	76.2	14.8	5.14	20.8	3.66
Admissions/Average Daily Census	42.0	202.6	0.21	128.9	0.33
Discharges/Average Daily Census	42.0	203.2	0.21	130.0	0.32
Discharges To Private Residence/Average Daily Census	0.0	106.2	0.00	52.8	0.00
Residents Receiving Skilled Care	77.6	92.9	0.83	85.3	0.91
Residents Aged 65 and Older	100.0	91.2	1.10	87.5	1.14
Title 19 (Medicaid) Funded Residents	81.6	66.3	1.23	68.7	1.19
Private Pay Funded Residents	18.4	22.9	0.80	22.0	0.83
Developmentally Disabled Residents	0.0	1.6	0.00	7.6	0.00
Mentally Ill Residents	36.7	31.3	1.17	33.8	1.09
General Medical Service Residents	10.2	20.4	0.50	19.4	0.53
Impaired ADL (Mean)*	53.9	49.9	1.08	49.3	1.09
Psychological Problems	57.1	53.6	1.07	51.9	1.10
Nursing Care Required (Mean)*	5.4	7.9	0.68	7.3	0.73